

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-015816

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **138**

Primary Registration District No. **5627**

Registrar's No. **27**

VS 300
Rev. 4/59

1 **0430**

2 **0430**

3 **2**

4 **0**

5 **1**

6 **1**

7 **1**

8 **2**

9 **4222**

10 **1-0**

11 **1-0**

12 **90-0**

13 **1-0**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED MAY 14 1963

1. PLACE OF DEATH a. COUNTY Hickory		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Hickory	
b. CITY (If outside corporate limits, give TOWNSHIP only) Elkton Township		c. CITY OR TOWN Elkton Township	
Length of stay in 1b 1 year		d. STREET ADDRESS (If outside, give location) 10 Mi. S.E. of Wheatland	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First George William Middle Hart Last Hart			4. DATE OF DEATH Month May Day 11 Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Feb 21-09	9. AGE (last birthday) 54	10. IF UNDER 1 YEAR Months 2 Days 20 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Resturant		11. BIRTHPLACE (City and state or country) Kansas City Kansas	
12. CITIZEN OF WHAT COUNTRY U.S.A		13a. FATHER'S NAME George William Hart Sr.		13b. MOTHER'S MAIDEN NAME Jessie Pittman	
14. NAME OF HUSBAND OR WIFE Wes Lee Hart		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 281	
17. INFORMANT Wes Lee Hart-Hemington, Mo.		18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH 1	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-but not related to the terminal disease condition given in PART I (a) Diabetes mellitus.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 8:45 a.m. 0 p.m. 0	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Kansas City	
20g. COUNTY Missouri		20h. STATE Missouri	

21. I attended the deceased from 8:45 to 9:00 and last saw him alive on May 11, 1963		22. SIGNATURE (Degree or title) M. H. Robinson M.D.	
22a. ADDRESS Hemanswelly, Mo.		22b. DATE SIGNED 5/14/63	

23. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 14, 1963	23c. NAME OF CEMETERY OR CREMATORY Mount Mariah Cemetery	23d. LOCATION (City, town, or county) Kansas City
24. FUNERAL DIRECTOR Newcomers-Brush Creek Plaza-Kansas City, Mo.	25. DATE RECD. BY LOCAL REG. May 12, 1963	26. REGISTRAR'S SIGNATURE Mary Johnson	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JUN 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chas Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Wheatland, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued May 13, 1963 (m.g.)